

1002

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 07679455	FILING DATE 10/4/00					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.	1					
TOTAL DEP.	49						TOTAL DEP.	99					
TOTAL CLAIMS	50						TOTAL CLAIMS	100					

391.1

202

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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99											
100											
TOTAL IND.	18		1				TOTAL IND.			4	
TOTAL DEP.	130		1				TOTAL DEP.			35	
TOTAL CLAIMS	148		2				TOTAL CLAIMS			39	